

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/5706,249
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3	1	2					53						
4	1	1					54						
5	1	1					55						
6	1	1					56						
7	1	1					57						
8	1	1					58						
9	1	1					59						
10	1	1					60						
11	1	1					61						
12	1	1					62						
13	1	1					63						
14	1	1					64						
15	1	1					65						
16	1	1					66						
17	1	1					67						
18	1	1					68						
19	1	1					69						
20	1	1					70						
21	1	1					71						
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24	1	1					74						
25	1	1					75						
26	1						76						
27	1						77						
28	1						78						
29							79						
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36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		↓		↓				↓			↓	
TOTAL DEP.	25		←		←				←			←	
TOTAL CLAIMS	26												

BEST AVAILABLE COPY